

O I P E J C I
NOV 15 2004
PATENT & TRADEMARK OFFICE

IFW AF

TRANSMITTAL FORM

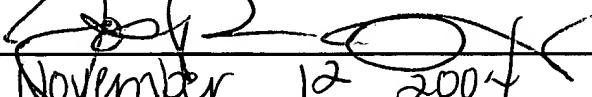
(to be used for all correspondence after initial filing)

| | | | |
|--|---|------------------------|----------------------|
| | | Application No. | 09/473,598 |
| | | Filing Date | December 29, 1999 |
| | | First Named Inventor | Raymond C. Edmonds |
| | | Art Unit | 2674 |
| | | Examiner Name | Abdulselam, Abbas I. |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number | 42390P7353 |

ENCLOSURES (check all that apply)

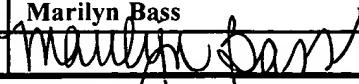
| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;">Return receipt postcard</div> |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

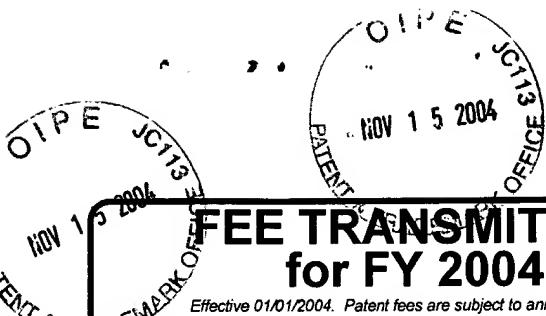
| | |
|-------------------------|--|
| Firm or Individual name | Joseph Lutz, Reg. No. 43,765 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature |  |
| Date | November 12 2004 |

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

| | |
|-----------------------|---|
| Typed or printed name | Marilyn Bass |
| Signature |  |
| Date | 11-12-04 |

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEET TRANSMITTAL for FY 2004

Effective 01/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 450.00)

Complete if Known

| | |
|----------------------|----------------------|
| Application Number | 09/473,598 |
| Filing Date | December 29, 1999 |
| First Named Inventor | Raymond C. Edmonds |
| Examiner Name | Abdulselam, Abbas I. |
| Art Unit | 2674 |
| Attorney Docket No. | 42390P7353 |

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None
 Deposit Account

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | | Small Entity | | FeePaid |
|---------------------|----------|--------------|----------|------------------------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | |
| 1001 | 790 | 2001 | 385 | Utility filing fee |
| 1002 | 350 | 2002 | 175 | Design filing fee |
| 1003 | 550 | 2003 | 275 | Plant filing fee |
| 1004 | 790 | 2004 | 395 | Reissue filing fee |
| 1005 | 160 | 2005 | 80 | Provisional filing fee |
| SUBTOTAL (1) | | (\$) | | |

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | FeePaid |
|----------------------|-------------------------------|------------------------|------------------------|
| <input type="text"/> | - 35** = <input type="text"/> | × <input type="text"/> | = <input type="text"/> |
| Independent Claims | - 4 = <input type="text"/> | × <input type="text"/> | = <input type="text"/> |
| Multiple Dependent | | | |

| Large Entity | | Small Entity | | Fee Description |
|---------------------|----------|--------------|----------|---|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 |
| 1201 | 88 | 2201 | 44 | Independent claims in excess of 3 |
| 1203 | 300 | 2203 | 150 | Multiple Dependent claim, if not paid |
| 1204 | 88 | 2204 | 44 | **Reissue independent claims over original patent |
| 1205 | 18 | 2205 | 9 | **Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (2) | | (\$) | | |

*or number previously paid, if greater. For Reissues, see below

3. ADDITIONAL FEES

| Large Entity | Fee Code | Fee (\$) | Small Entity | Fee Code | Fee (\$) | Fee Description | FeePaid |
|---------------------|----------|----------|--------------|--|----------|-----------------|---------|
| 1051 | 130 | 2051 | 66 | Surcharge - late filing fee or oath | | | |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet | | | |
| 2053 | 130 | 2053 | 130 | Non-English specification | | | |
| 1812 | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination | | | |
| 1804 | 920 * | 1804 | 920 * | Requesting publication of SIR prior to Examiner action | | | |
| 1805 | 1,840 * | 1805 | 1,840 * | Requesting publication of SIR after Examiner action | | | |
| 1251 | 110 | 2251 | 55 | Extension for reply within first month | | | 110.00 |
| 1252 | 430 | 2252 | 215 | Extension for reply within second month | | | |
| 1253 | 980 | 2253 | 490 | Extension for reply within third month | | | |
| 1254 | 1,530 | 2254 | 765 | Extension for reply within fourth month | | | |
| 1255 | 2,080 | 2255 | 1,040 | Extension for reply within fifth month | | | |
| 1404 | 340 | 2401 | 170 | Notice of Appeal | | | 340.00 |
| 1402 | 340 | 2402 | 170 | Filing a brief in support of an appeal | | | |
| 1403 | 300 | 2403 | 150 | Request for oral hearing | | | |
| 1451 | 1,510 | 2451 | 1,510 | Petition to institute a public use proceeding | | | |
| 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | | | |
| 1453 | 1,370 | 2453 | 685 | Petition to revive - unintentional | | | |
| 1501 | 1,370 | 2501 | 685 | Utility issue fee (or reissue) | | | |
| 1502 | 490 | 2502 | 245 | Design issue fee | | | |
| 1503 | 660 | 2503 | 330 | Plant issue fee | | | |
| 1460 | 130 | 2460 | 130 | Petitions to the Commissioner | | | |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | | | |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | | | |
| 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | | | |
| 1809 | 790 | 1809 | 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) | | | |
| 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.129(b)) | | | |
| 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) | | | |
| 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | | | |
| Other fee (specify) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |